

Case Number:	CM15-0052075		
Date Assigned:	03/25/2015	Date of Injury:	09/19/2013
Decision Date:	05/01/2015	UR Denial Date:	02/17/2015
Priority:	Standard	Application Received:	03/19/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The applicant is a represented 47-year-old who has filed a claim for chronic ankle pain reportedly associated with an industrial injury of December 19, 2003. In a Utilization Review report dated February 17, 2015, the claims administrator failed to approve a request for a Dynasplint. The claims administrator noted that the applicant had received the Dynasplint on December 4, 2014. The claims administrator referenced a progress note of February 13, 2015 in its determination. Non-MTUS ODG Guidelines were invoked in the denial. The applicant's attorney subsequently appealed; however, no clinical progress notes were incorporated into the Independent Medical Review packet.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Ankle dorsiflexion dynasplint: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 376.

Decision rationale: No, the request for an ankle dorsiflexion Dynasplint was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 14, Table 14-6, page 376, the prolonged usage of supports or bracing without exercise is deemed "not recommended," owing to the risk of debilitation. Here, no clinical progress notes were incorporated into the Independent Medical Review packet. The February 13, 2015 progress note seemingly made available to the claims administrator was not incorporated into the Independent Medical Review packet. The limited information on file, thus, did not support the request, particularly in light of the unfavorable ACOEM position on prolonged splinting and bracing. Therefore, the request was not medically necessary.